

LIFE-CHANGE QUESTIONNAIRE

MOBILE CLINIC

Locality _____

Id number

Date

The purpose of this form is to find out what changes have occurred in your life since you were examined by the Mobile Clinic of the Social Insurance Institution a few months back.

Answer as follows:

- if the change in question has not occurred, circle the alternative NO
- if the question is irrelevant in your case (you are e.g. a housewife, student, pensioner, unemployed), answer NO
- if the change in question has occurred in your life, estimate its importance to you and circle the appropriate alternative.

We are only interested in changes that have occurred after your last visit.

PART A CHANGES IN LIFE

	NO	YES		
		importance to me		
		small	tangible	great
1. Has there been a significant increase in the time you work?	0	1	2	3
2. Has there been a significant decrease in the time you work?	0	1	2	3
3. Do you have more responsibility in your job?	0	1	2	3

4. Do you have less responsibility in your job?

0

1

2

3

5. Have you had significant difficulties with your superiors or subordinates?

0

1

2

3

6. Have you been unemployed or laid off?

0

1

2

3

7. Have you been given notice to quit?

0

1

2

3

8. Have you moved?

0

1

2

3

9. Is there any new member in your family or household (e.g. child born, relative moved in, etc.)

0

1

2

3

10. If you are married or cohabiting, have you been living apart from your spouse because of your job or for similar reasons?

0

1

2

3

11. Have you been living apart from your spouse because of incompatibility?

0

1

2

3

12. Have any of your children left home?

0

1

2

3

13. Has any change occurred in the frequency with which you meet your friends?

0

1

2

2

14. Has your financial situation improved significantly?

0

1

2

3

15. Has your financial situation deteriorated significantly?

0

1

2

3

16. Have you had serious family disagreements?

0

1

2

3

NO

YES

importance to me

small

tangible

great

PART B

CHANGES IN LIFE

	NO	YES		
		importance to me		
		small	tangible	great
17. Have you been seriously ill (including accidents)?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
18. Has any close member of the family been seriously ill?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
19. Has your spouse died?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
20. Has any other member of the family or relative died?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
21. Has a close friend of yours died?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
22. Have you or your spouse had a miscarriage?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
23. Have you or your spouse had an abortion?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
24. Have you taken a job that is completely new to you?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
25. Have you retired or stopped working for a living entirely?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
26. Have you built a new house for yourself or renovated your old house?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
27. Have you changed domicile?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
28. Have you got married?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
29. Have you got engaged?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

NO

YES

importance to me

		small	tangible	great
30. Have you incurred a large debt which significantly affects your finances?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
31. Have you got divorced?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
32. Have you broken off a long-standing relationship?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
33. Have you been sentenced to prison?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Thank you for your trouble!